

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	66638/42298>
		First Named Inventor	Farr
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		COMPLETE IF KNOWN	
		Application Number	To be assigned
		Filing Date	Herewith
		Group Art Unit	To be assigned
		Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REAL ASSET-TO-SIMULATED ENVIRONMENT BRIDGE AND METHOD

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐Customer Number
or Bar Code LabelOR ☒ Correspondence address below**Name** Caroline G. Chicoine**Address** Thompson Coburn LLP, One US Bank Plaza**City** St. Louis**State** MO**ZIP** 63101**Country** USA**Telephone** 314-552-6499**Fax** 314-552-7499

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) Donald B.**Family Name**
or Surname Farr**Inventor's**
Signature**Date****Residence: City** O'Fallon**State** MO**Country** USA**Citizenship** USA**Mailing Address** 2062 Moondance Ct.**City** O'Fallon**State** MO**ZIP** 63366**Country** USA**NAME OF SECOND INVENTOR :**☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) Thomas G.**Family Name**
or Surname King**Inventor's**
Signature**Date****Residence: City** O'Fallon**State** MO**Country** USA**Citizenship** USA**Mailing Address** 2217 Quaint Cottage Drive**City** O'Fallon**State** MO**ZIP** 63366**Country** USA☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → 

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Joel J.		Maleport	
Inventor's Signature			Date
O'Fallon Residence: City	MO State	USA Country	USA Citizenship
1969 Royal Heir Mailing Address			
1969 Royal Heir Mailing Address			
O'Fallon City	MO State	63366 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	C untry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Farr
Title	Real Asset-To-Simulated Environment
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/42298

I hereby appoint:

Practitioners at Customer Number

021888

OR

☒ Practitioner(s) named below:

Name	Registration Number
Caroline G. Chicoine	38198
Richard E. Haferkamp	29072
John M. Howell	25261
Paul A. Maddock	37877
Alan H. Norman	32285
Thomas A. Polcyn	41256
Joseph M. Rolnicki	32653
Kenneth Solomon	31427
Matthew A. Braunel	52649
David R. Deal	48204
Matthew J. Himich	47650
David B. Jinkins	46805
Daniel S. Kasten	45363
Paul A. Lesko	45364
Kim Hoang Lu	51973
Clyde L. Smith	46292
Benjamin L. Volk	48017
William C. Anderson	28147
Harry B. Field	27880
Terje Gudmestad	32232
John C. Hammar	29928
Henry G. Kohlmann	26672
Bryan C. Ogden	25362
Charles T. Silberberg	26584
David J. Clement	44082
Ann K. Galbraith	33530
Robert L. Gullette	26899
Thomas W. Hennen	27798
Lawrence W. Nelson	34684
John R. Rafter	28533
Jeanne Suchodolski	34936
Robert H. Sproule	30689

James Hamley	28081
Nicholas T. Bauz	41604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.


Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

OR

Practitioners at Customer Number 021888 →

OR


21888
PATENT TRADEMARK OFFICE

<input checked="" type="checkbox"/> Firm or Individual Name	Caroline G. Chicoine				
Address	Thompson Coburn LLP				
Address	One US Bank Plaza				
City	St. Louis	State	MO	Zip	63101
Country	USA				
Telephone	314-552-6499	Fax	314-552-7499		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).


SIGNATURE of Applicant or Assignee of Record

Name	Donald B. Farr
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Farr
Title	Real Asset-To-Simulated Environment
Gr up Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/42298

I hereby appoint:

Practitioners at Customer Number

021888

OR



21888

PATENT TRADEMARK OFFICE



Practitioner(s) named below:

Name	Registration Number
Caroline G. Chicoine	38198
Richard E. Haferkamp	29072
John M. Howell	25261
Paul A. Maddock	37877
Alan H. Norman	32285
Thomas A. Polcyn	41256
Joseph M. Rolnicki	32653
Kenneth Solomon	31427
Matthew A. Braunel	52649
David R. Deal	48204
Matthew J. Himich	47650
David B. Jenkins	46805
Daniel S. Kasten	45363
Paul A. Lesko	45364
Kim Hoang Lu	51973
Clyde L. Smith	46292
Benjamin L. Volk	48017
William C. Anderson	28147
Harry B. Field	27880
Terje Gudmestad	32232
John C. Hammar	29928
Henry G. Kohlmann	26672
Bryan C. Ogden	25362
Charles T. Silberberg	26584
David J. Clement	44082
Ann K. Galbraith	33530
Robert L. Gullette	26899
Thomas W. Hennen	27798
Lawrence W. Nelson	34684
John R. Rafter	28533
Jeanne Suchodolski	34936
Robert H. Sproule	30689

James Hamley	28081
Nicholas T. Bauz	41604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

OR

Practitioners at Customer Number 021888 →

OR



21888

PATENT TRADEMARK OFFICE

<input checked="" type="checkbox"/> Firm or Individual Name	Caroline G. Chicoine				
Address	Thompson Coburn LLP				
Address	One US Bank Plaza				
City	St. Louis	State	MO	Zip	63101
Country	USA				
Telephone	314-552-6499	Fax	314-552-7499		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Thomas G. King
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Farr
Title	Real Asset-To-Simulated Environment
Gr up Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/42298

I hereby appoint:

Practitioners at Customer Number

021888

OR



Practitioner(s) named below:


Name	Registration Number
Caroline G. Chicoine	38198
Richard E. Haferkamp	29072
John M. Howell	25261
Paul A. Maddock	37877
Alan H. Norman	32285
Thomas A. Polcyn	41256
Joseph M. Rolnicki	32653
Kenneth Solomon	31427
Matthew A. Braunel	52649
David R. Deal	48204
Matthew J. Himich	47650
David B. Jinkins	46805
Daniel S. Kasten	45363
Paul A. Lesko	45364
Kim Hoang Lu	51973
Clyde L. Smith	46292
Benjamin L. Volk	48017
William C. Anderson	28147
Harry B. Field	27880
Terje Gudmestad	32232
John C. Hammar	29928
Henry G. Kohlmann	26672
Bryan C. Ogden	25362
Charles T. Silberberg	26584
David J. Clement	44082
Ann K. Galbraith	33530
Robert L. Gullette	26899
Thomas W. Hennen	27798
Lawrence W. Nelson	34684
John R. Rafter	28533
Jeanne Suchodolski	34936
Robert H. Sproule	30689

James Hamley	28081
Nicholas T. Bauz	41604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number
OR
 Practitioners at Customer Number 021888 →



21888

PATENT TRADEMARK OFFICE

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Caroline G. Chicoine				
Address	Thompson Coburn LLP				
Address	One US Bank Plaza				
City	St. Louis	State	MO	Zip	63101
Country	USA				
Telephone	314-552-6499	Fax	314-552-7499		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Joel J. Maleport
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.